


<p>Growing Together, Learning for Life</p>  <p>BANNOCKBURN Primary School</p>	<p>Assessment Date 21/10/2022</p> <p>This Risk Assessment is for use within Bannockburn Primary School only and is not for further dissemination with other parties. This assessment serves as guidance and school practice may change in response to updated guidance or priority.</p>	<p>Written by Rachel Ford (Headteacher)</p>	<p>Approved by (School Health and Safety Committee) Kafayet Eletu (Chair of Governors), Sarah Catterall (Head of MW Site) Graham Bradshaw (Premises Manager), Sue Kimmins (Vice Chair of Governors and Chair of Premises), Aimee Seeranj and Lillie Bennett (school NEU rep) and Janis Parsons (school GMB rep). Governors (including Parent/Staff Governors), Parents who have been given option for feedback through school email, School Staff, Luke (Premises), Matt (ICT), Nicky (Deputy and Inclusion) and Georgina (School HR, Finance and Office Manager).</p>
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VIRUS and INFECTION CONTROL RISK ASSESSMENT

This Risk Assessment and Planning document should be carried out with reference to Government guidance and existing Health and Safety Guidance.

In all education, childcare and social care settings, preventing the spread of coronavirus and other viruses involves dealing with direct transmission (for instance, when in close contact with those sneezing and coughing) and indirect transmission (via touching contaminated surfaces). A range of approaches and actions should be employed to do this. These can be seen as a hierarchy of controls that, when implemented, creates an inherently safer system, where the risk of transmission of infection is substantially reduced. The school will ensure good hygiene for everyone, maintain appropriate cleaning regimes, keep occupied and spaces well ventilated, and follow public health advice on testing and managing confirmed cases of Covid-19 and other viruses.

For any adults/families who do not have English as their First Language, parents to support each other when accessing information and staff to utilise multilingual staff to translate. The school website has a translating tool for all documents.

Localised spread may result in full or partial school closure, in which case, school will immediately enact plans for remote education.

Virus and Infection control risk assessment:

The Management of Health and Safety at Work (Amendment) Regulations 2006: Regulation 3 states that every employer shall make a suitable and sufficient assessment of -

- the risks to the health and safety of his employees to which they are exposed whilst they are at work; and
- the risks to the health and safety of persons not in employment arising out of or in connection with the conduct of their undertaking

A control risk assessment is reviewed monthly and also in response to incidents and local alerts, to assess infection hazards and risks and ensure that, where possible, infection and virus risks are eliminated, reduced, contained and managed appropriately.

The control risk assessment:

- Identifies the hazards within the workplace, including those that potentially may be brought into the workplace.
- Decides who might be harmed, and how, and include visitors, contractors, vulnerable persons, registered disabled persons, pregnant women, young persons, children, elderly and those persons with medical issues.
- Evaluates the risks and decide on precautions and controls proportionate to the risks. An example is if the risk is high then more robust controls may need to be put in place to reduce the risk to an acceptable level.
- Record the significant findings of the risk assessment and communicate it to all relevant persons. Provide employees with adequate information, training and supervision necessary to ensure their health and safety at work.
- Changes may be required following the identification of new or imported infection control risks into the healthcare service.

Scientific Facts that we know about COVID-19:

- ✓ Covid-19 is transmitted through droplets that are air borne.
- ✓ Covid-19 is inhaled, or enters the body via the eyes, mouth or nose or when an uninfected person touches a contaminated surface.
- ✓ Main symptoms: persistent cough, loss of taste or smell or fever. Underlying symptoms that may be directly linked to Covid-19: fatigue, shortness of breath, sore throat, headache. producing phlegm and diarrhoea. All parties to be aware of distinction between cold and coronavirus but not to rely on this distinction.

Adult/Pupil Principles

1. Avoid touching your mouth, nose and eyes.
2. Help your class to follow the rules on hand cleaning, not touching their faces, 'catch it, bin it, kill it' etc. including by updating your classrooms displays with posters. 'Hands, Face, Space' poster/slide shared before break/lunchtimes
3. Keep windows open, if possible, for air flow. Ventilation is important to reduce the spread. Close classroom doors when class not in use (fire safety).
4. Continue to use CO2 monitors in classrooms. If levels are consistently above 800ppm then ventilation needs to be improved.

Premises, DSL's, Inclusion Leader (SEND), Cleaners and SLT, including Headteacher/Head of Site, will be on site daily.

LOW	Consider the following steps and recommendations	Existing control measures in place	Additional Controls and actions required	Action by who? <i>Please see bottom of risk assessment for staff designations</i>
MEDIUM				
HIGH				
1. Premises				
Cleaning	1. All areas cleaned at the end of each day by school contracted cleaners. Any items needing additional cleaning/disinfecting will be identified for the cleaners through a message on the classroom whiteboards.	<ul style="list-style-type: none"> ▪ All areas of the school to be deep cleaned during holidays. 	<ul style="list-style-type: none"> ▪ EHCP equipment e.g. sensory to be identified if needing to be cleaned following use. Staff should communicate this to the Premises Team or leave sign on it for the cleaners. ▪ Only approved chemicals used that are detailed within the COSHH register. ▪ Safety data sheets are maintained on a central file. ▪ COSHH risk assessments are completed for each chemical and product used. 	Graham Luke Matt (IT equipment)
	2. Tables and contact points must be cleaned regularly.	<ul style="list-style-type: none"> ▪ Each class has been given PPE, tissues, anti-bacterial wipes and/or disinfectant spray/paper towels in case of a child or adult coughing/sneezing on a surface. 	<ul style="list-style-type: none"> ▪ Staff will be required to clean surfaces and touch points after they use them. This includes PPA cover if keypads, mouse, whiteboards have been used. ▪ Bins must be emptied before they are full. ▪ Adults to wipe down their own working station when leaving it and prior to using it. 	All staff within their environment Premises to empty bins throughout the day.
	3. Children and staff should be encouraged where possible not to touch their faces or to put objects in their mouths.	<ul style="list-style-type: none"> ▪ Posters, signs, preparation with parents. 	<ul style="list-style-type: none"> ▪ Sharing stories, singing and playing non-contact outdoor games to help children to socialise and resettle into familiar everyday classroom routines. 	All Staff

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LOW							
MEDIUM							
HIGH							
			<ul style="list-style-type: none"> ▪ Children that wear a Kara are reminded to clean safely underneath and to be issued their own sweat band for physical activity/play. ▪ Spitting is discouraged. 				
2. Staff, Parents and Children							
Curriculum & Transition	4. EYFS additional considerations	<ul style="list-style-type: none"> ▪ Children are washing hands regularly to allow access to free flow. This is monitored within the class bubble and surfaces cleaned between sessions. 	<ul style="list-style-type: none"> • Any child with a cold or sensory needs will be monitored by an adult to ensure that their activities are suitable for limiting the spread of germs. • Children will need support with toilet accidents and nappies. Staff are following the school's Nappy Policy. 	EYFS Premises			
Parent Information for School Day	5. Parents encouraged to inform the school if anyone in the house is displaying symptoms. PLEASE BE AWARE THAT THE GUIDELINES CHANGE IN LINE WITH GOVERNMENT UPDATES. WE WILL INFORM YOU AT THE TIME WHAT THE PROCEDURES ARE SHOULD THEY BE DIFFERENT TO THE RISK ASSESSMENT.	<ul style="list-style-type: none"> ▪ Adults and children who test positive for Covid will continue to be advised to stay at home and avoid contact with other people for at least 5 full days from start of symptoms. • Covid: Contacts will no longer be required to self-isolate or advised to take daily tests. Staff, children and young people should attend their education settings as usual. This includes staff who have been in close contact within their household, unless they are able to work from home. • Covid: There is no legal obligation for individuals to tell their employers when they are required to self-isolate. • Covid: Parents to ensure that all emergency contacts are up to date, including emails, phone numbers and addresses. All children to have at least two emergency contacts where 	<ul style="list-style-type: none"> ▪ Children without underlying health conditions are at low risk of serious illness from COVID-19 and the priority remains for the NHS to offer vaccines and boosters to older age groups and vulnerable children, as well as to catch-up with other childhood immunisation programmes. <p>Update for schools on recording attendance:</p> <ul style="list-style-type: none"> ▪ School attendance is mandatory for all pupils of compulsory school age. It continues to be a priority to ensure that as many children as possible are regularly attending school. ▪ The position on recording school attendance in the register has not changed. Pupils should be recorded with an 'I' for Illness. ▪ School to follow the UKSHA Exclusion Table 	Leadership Team Parents Office Staff Attendance Team			

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MEDIUM							
HIGH							
		possible. If school cannot contact a responsible adult in an emergency, they have a duty of care to seek advice from children's services.					
3. Contractors and Premises Staff, including Cleaners							
Cleaning and Hygiene	6. Review arrangements for routine maintenance of premises	<ul style="list-style-type: none"> Ensure sufficient handwashing facilities available. Where a sink is not nearby, provide hand sanitiser in classrooms and other learning environments. Clean surfaces that children are touching, such as books, desks, doors, sinks, toilets, light switches, bannisters, following use and during the daily clean. 	<u>COVID-19: cleaning of non-healthcare settings guidance</u> <ul style="list-style-type: none"> Ensure that all adults and children clean their hands on arrival at the setting, before and after eating, and after sneezing or coughing. All cloths to be cleaned at the end of the day. Portable hand washing station available, if needed, for Pear Class. 	Graham Chair of Premises Cleaners Staff on Site			
	7. Consider how to encourage young children to learn and practise hygiene through games, songs and repetition.	<ul style="list-style-type: none"> Ensure that help is available for children who have trouble cleaning their hands independently. Clear signs reminding everyone of key expectations. 	<ul style="list-style-type: none"> Strategies to put in place for children who would struggle with the sensory aspect of washing hands. Staff to have time to discuss hygiene and go through this with students. 	Leadership Team Team Leaders Teachers 1:1 TA's			
4. First Aid and/or Individual care if anyone becomes unwell							

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LOW							
MEDIUM							
HIGH							
Individual Care	8. PPE	<ul style="list-style-type: none"> Gloves and apron should be worn when dealing with a first aid incident or nappy change. Bodily fluids should be cleaned up as soon after incident as possible (PPE to be worn). All children and adults removed from the area and taken to 'back up' classroom – already identified. HS: Music Room and MW: Studio. Children would work from the 'back up' classroom until previous space has been deep cleaned and ventilated/fogged. Training and PPE has been provided for adults working with children who present risks of 'airborne transmission of respiratory droplets' e.g. spit, kiss, lick or use saliva as a sensory stimulant. 	<ul style="list-style-type: none"> If there is sick on the pupil's clothes, the pupil will remove them and place into a bag unless physically unable to. Parents to be called immediately and staff to change, if in agreement, and fully trained for safe changing/disposal and wearing of PPE If a risk assessment determines that there is a risk of splashing to the eyes, for example from coughing, spitting, or vomiting, then eye protection/visor should also be worn. If a member of staff chooses to or needs to wear PPE, they will be given breaks to ensure that they have access to fresh air and to rehydrate. PPE will be safely disposed within peddle/flip top bins. Recommended that if adults have open cuts/broken skin on hands to wear gloves. 	Graham Leadership Team			
Confirmed case in a setting	9. Symptoms on Site	<ul style="list-style-type: none"> If anyone becomes unwell, they must be sent home and/or seek advice from their doctor or 111. In an emergency, call 999 if they are seriously ill or injured or their life is at risk. 	<ul style="list-style-type: none"> Everyone must wash their hands thoroughly for 20 seconds with soap and running water or use hand sanitiser after any contact with someone who is unwell. The area around the person with symptoms must be cleaned to reduce the risk of passing the infection on to other people. Anyone showing symptoms will be observed in the gazebo @MW and the summer house @HS. 	Cleaners Premises All staff First Aiders			

RISK ASSESSMENT SUMMARY

1. **Elimination:** stop an activity that is not considered essential if there are risks attached.
2. **Substitution:** replace the activity with another that reduces the risk. Care is required to avoid introducing new hazards due to the substitution.
3. **Engineering controls:** design measures that help control or mitigate risk.
4. **Administrative controls:** identify and implement the procedures to improve safety (for example, markings on the floor, signage).
5. Having gone through this process, PPE should be used in circumstances where the guidance says it is required.

Remote education support

Where pupils need to self-isolate, or there is a local lockdown requiring pupils to remain at home, we have the capacity to offer immediate remote education.

In developing these contingency plans, we:

- use a curriculum sequence that allows access to high-quality online and offline resources and teaching videos which is linked to the school's curriculum expectations
- give access to high quality remote education resources
- interact, assess and feedback (2-4 times weekly for individual cases and daily for bubble closures)
- provide printed resources, such as textbooks and workbooks, for pupils who do not have suitable online access
- recognise that younger pupils and some pupils with SEND may not be able to access remote education without adult support and so schools should work with families to deliver a broad and ambitious curriculum

When teaching pupils remotely, we:

- set assignments so that pupils have meaningful and ambitious work each day in a number of different subjects
- teach a planned, well-sequenced curriculum so that knowledge and skills are built incrementally, with a good level of clarity about what is intended to be taught/practised in each subject
- provide frequent, clear explanations of new content, delivered by a teacher in the school or through high-quality curriculum resources or videos, such as Google Classroom.
- gauge how well pupils are progressing through the curriculum, using questions and other suitable tasks
- plan a programme that is of equivalent length to the core teaching pupils would receive in school, ideally including regular contact with school

<https://www.gov.uk/government/publications/coronavirus-covid-19-online-education-resources>

Community Events: Natasha's Law and Food Standards to be adhered to. Clear guidance is issued for each event.

We currently do not allow animals on site. A separate risk assessment will be written for specific events or animal visits.

***Local Health Protection Team contacted should there be any concerns and advice sought for individual cases of notifiable diseases or outbreaks. For example:**

- more than one infection circulating in the same group of students and staff, e.g. chicken pox and scarlet fever
- increasing absence due to respiratory infection, diarrhoea and vomiting.
- severe disease due to an infection where there a pupil or staff member has been admitted to hospital.

***Specific reports will be made to the UKHSA HPT as soon as possible when any of the following are identified:**

- E. coli 0157 or E Coli STEC infection
- Food poisoning
- Hepatitis
- Measles, mumps, rubella (German measles)
- Meningococcal meningitis or septicaemia
- Scarlet fever (if an outbreak or co-circulating chickenpox)
- Tuberculosis (TB)
- Typhoid
- Whooping cough (pertussis)

***Public Health England will be contacted by the school should there be a significant number of cases.**



**While we have rated risks, these are context based and may be subject to change.*

LOW – UNLIKELY (MINOR/REPORTABLE/SERIOUS) & POSSIBLE (MINOR)

MEDIUM – POSSIBLE(REPORTABLE) & PROBABLE (MINOR/REPORTABLE)

HIGH – PROBABLE (REPORTABLE/SERIOUS)

Rachel – Headteacher

Graham – Premises Manager

Luke – Deputy Premises Manager

Sarah – Head of MW Site

Aimee – Head of HS Site

Lauren, Nicky and Rosie – Deputy Heads

Georgina – School Business Manager

Matt – ICT & Learning and Behaviour Mentor

Janis – Learning and Behaviour Mentor

Jo – Learning and ASD Mentor

Tish – Learning and Inclusion Mentor

Gina – Attendance and Welfare

Henna – Teaching and Attendance Assistant

ASC – After School Club

ECC – Extra Curricular Club

BC – Breakfast Club